

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		2		1			53					
4		1		1			54					
5		1		1			55					
6		1		1			56					
7		1		1			57					
8		1		1			58					
9		1		1			59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13		1		1			63					
14		1		1			64					
15		1		1			65					
16		1		1			66					
17		1		1			67					
18		1		1			68					
19		1		1			69					
20		1		1			70					
21		1		1			71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			25				TOTAL DEP.					
TOTAL CLAIMS			28				TOTAL CLAIMS					